2019 Submission - Royal Commission into Victoria's Mental Health System

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What are your suggestions to improve the Victorian communitys understanding of mental illness and reduce stigma and discrimination?

"A signal is sent to the community about the importance of mental health and illness by the level of funding of State programs. Over time Victoria has slid down the funding ranking in Australia such that for most of the last decade expenditure per head has been the lowest of all States and Territories. Critically and firstly then we need to see increased State funding such that Victoria returns to at or near the top of this ladder, rather than at the bottom. Victorian Government's increased spending on mental health since the 10-year mental health Plan was introduced in November 2015 has been welcomed but there remains a long way to go to properly correct the longstanding under-spend. Destigmatisation and discrimination is being addressed by various organisations through a range of public campaigns but as with all mental health initiatives ongoing funding needs to be assured. Education needs to work towards an informed public who can take positive actions for themselves, their families and their communities to promote mental health and reduce risks of mental illness. If individuals come to need mental health services then they, their families or caring others, should arrive with, or be immediately provided with, correct information about the benefits and costs of key treatment options. Where continuing treatment is needed, they should be given unbiased information about later options. Primary Health Care providers, GP clinics etc, should be supported to deliver such information as matter of course as part of their response to relevant presentations. There should be a steering away from purely or overly medicalised responses, and particularly from raising unrealistic expectations of medications. Typically the greatest benefits from mental health care arise through coordinated psychosocial and physical treatments delivered in an empowering recovery framework and this should guide mental health care across sectors and organisations. The public should be better aware of this and supported in demanding that they receive their effective allocation of properly differentiated services. "

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"There have been more registered clients with mental illness, their families and carers following introduction of the Victorian Government s 10-year Mental Health Plan in November 2015. The annual reports as required by the 2014 act are a valuable piece of public accountability. Since releasing this plan, there has been more investment in suicide prevention, forensic reforms and expanding the mental health workforce. We welcome the proposed introduction of mental health engagement workers who will free up clinicians for specialised clinical work. So all this is for the good. Important work is now being done in schools from kindergarten to year 12 as the importance of onset of illness in youth is increasingly recognised. Services such as Orygen and Headspace are growing their links with schools, working with students and their teachers, particularly school Welfare Coordinators. However, as a report on school intervention remarked in 2009 Much work remains to be done in identifying effective mental health interventions which can be carried out in

schools, and even more pressingly, in other learning environments. This remains true. As this submission noted in point 1 there is much more funding needed to bring Victoria up to a point where we can see the services as adequately resourced to be providing nationally leading service delivery. In some respects, the existing service structure, typically with its teams built around the Victorian Framework, and with Continuing Care Teams at the core, often works well. But often case managers are too thinly stretched to provide the individualised and comprehensive care that people would like and they would wish to provide. With the necessary funding increases should come better funding for these central aspects of the mental health service, which often get neglected as more appealing new initiatives gain the limelight. There are examples of well constituted primary mental health teams that do prevention and support well but they require intensive cooperation between state and commonwealth services which is often unstable. Coordination between different levels of government has been flagged as an imperative for many years but often does not occur in practice. So the potential promise of better integrated services in the community and support for the most vulnerable has often not been realised for people professionally diagnosed with a mental illness, their families and carers. Service providers of all natures struggle with the consequences. Some effective collaborative area-based planning organisations would assist this. Within the implementation   planning for the fifth National Mental Health Plan are steps identified towards achieving integrated regional planning and service delivery*. These need to be actively pursued from all levels of government - so as far as possible within the power of the State Government, this activity needs to be promoted, with progress effectively supported and actively monitored.
*https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-health-intergrated-reg-planning. "

What is already working well and what can be done better to prevent suicide?
"The points made in 2 above around funding apply here. More is needed. The Victorian Place-based initiative is a good example of systematic strategies featuring evaluation so that extension can if indicated be considered based on some evidence. We would encourage expansion of the Hospital Outreach Post-suicidal Engagement (HOPE) initiative to meet needs of those in crisis. Maintenance and expansion of coordinated regional Mental Health care networks linking primary and secondary mental health providers of all kinds will require better funding and serious attention to integrated planning. Again, attention to the integrated planning principles of the fifth plan* will be important here. Beyondblue and the services it runs have a role to play here. As a major stakeholder in that organisation the State Government should ensure that its activities are characterised by attention to integration along lines already introduced, and that they are rigorously evaluated according to prevailing peer review standards.
*https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-health-intergrated-reg-planning. "

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.
"Social determinants are critical here including education, income, avoidance of relative and absolute poverty, and positive community social capital. We know that inequality in societies goes along with poorer mental health to a degree that mental health services alone can never expect to correct. Services though should exhibit what the WHO (2014)* has called proportionate universality, this is to say that they should be provided according to the level of need of people

across the entire social gradient. We note the disparity between to Better-Access funded psychological treatment activity relative to regional need**, which is inversely related to affluence. This speaks again to the need for improved Commonwealth / State coordination in provision of such services. Funding for access to support & treatment should be distributed according to statistically recognised regional needs. In the context of increased funding there needs to be better attention to integrated planning as identified in the Fifth National Mental Health Plan. Complexity and fragmentation are problems that bedevil the current system, including for many, new complexities introduced with advent of the NDIS. There could usefully be increased coordination with Council-based Disability Advisory Committees. This particularly is a setting where working towards consistent action in line with the Victorian Charter of Human Rights and Responsibilities can promote greater dignity for those disabled with mental illness - who so commonly also suffer various forms of socioeconomic disadvantage, including conspicuously homelessness. Legal aid should be accessible to all who need it in context of mental health problems. Our standard setting in mental health care at present shies away from defining access standards and consistent levels of service provision that people can definitely expect with defined conditions. That should change, with movement towards defining specific entitlements of care based on specific characteristics of conditions, guaranteed through integrated planning processes.
*https://www.who.int/mental_health/publications/gulbenkian_paper_social_determinants_of_mental_health/ en/ ** https://theconversation.com/three-charts-on-why-rates-of-mental-illness-arent-going-down-despite- higher-spending-97534 "

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?
"The needs of Indigenous communities should be a continued focus, along with refugees and under-served regional and remote communities. Resources for Victorian Aboriginal Community Controlled Health Organisation (VACCHO) across the state should increase. There must be recognition of rapid changes to demographics in Victorian urban and rural areas & communities. The largest body of excess suffering in communities in number terms lies in poorer and otherwise disadvantaged areas of our cities. Addressing relative and absolute disadvantage should be a whole of government agenda going way beyond mental health policy. Some of this will require collaboration and shared vision across all governmental levels and this seems unlikely given the political complexion of the current Commonwealth Government. The State can do what it is able to do in social policy terms while in Mental Health care working to ensure that services are distributed equitably in response to community needs as driven by socioeconomic factors and other drivers of relative disadvantage. "

What are the needs of family members and carers and what can be done better to support them?
"Many carers have significant mental health problems of their own, and primary care typically will be the best place initially to access appropriate care. High functioning primary mental health teams represent a key asset in this. As noted earlier, increased overall funding is needed. There should be attention to aspects of community development that work to counter stigma and encourage supportive communities. Improved local infrastructure across the state can have roles here in fostering community connectedness and support, as venues are repurposed or revitalised - such as former town halls. libraries, neighbourhood houses, community health centres, or union buildings. "

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

There is a developing and worsening problem with poor salaries and working conditions in NDIS funded services. Cross government coordinated action is needed to promote decent working conditions for peer workers and others across the involved sectors. It is essential that the relevant Unions are a part of this process through their Enterprise Bargaining Agreement structures. Ethical procurement policies should include guarantees that employed workers receive decent wages for the work and no diminution of wages and conditions will be considered as part of a tender for service.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

"Here we wish to make three points: 1.Up to half of injured workers with long-term WorkCover claims will develop secondary psychiatric injury which can further impede their progress back into work. So we propose: increasing access to psychiatric services injured workers can access without discrimination and disclosure to aid recovery and early intervention. developing a client-based framework to allow continuation of medically justified and necessary treatment through a dispute until such time as a conciliation date can be reached. 2.Economic initiatives could usefully include increased support for people with mental health problems in accessing TAFE training etc ? in particular training programs which include supported work placement to re-assure participants that they can enter and succeed in a workplace. This then may indicate a need for specific placement services to assist procurement of suitable work positions. 3.The recovery agenda has been characterised as including Connectedness, Hope, Identity, Meaning and Empowerment. These principles need to permeate the entire mental health system, along with co-design and co-production as strategies to support this. Destigmatisation and anti-discrimination measures are crucial to promote in services and communities. This should include providing local opportunities for social interaction, clubs and interest groups. "

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

"The system needs more funding and we cannot expect to see it functioning properly unless it has funding levels comparable with the other better funded states and territories. This should be increased in ways that prioritise equity in service delivery. We are seriously concerned that that the Commonwealth Government will attempt to achieve up to $2 Billion in cuts to mental health services over the forward estimates of the next decade. While active pursuit of better integration of planning across service and governmental sectors is vital, there also is a critical need for wide-ranging reform of health care returning to the public and political agenda. We repeat here that our standard setting in mental health care at present shies away from defining access standards and consistent levels of service provision that people can definitely expect with defined conditions. That should change, with movement towards defining specific entitlements of care based on specific characteristics of conditions, guaranteed through integrated planning processes. Victoria should lead this trough AHMAC and other avenues as necessary. "

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

"The VAGO report from March 2019 identifies problems with catchment areas highlighting

'misalignment between service levels and types within a catchment and population growth and demographic changes in that area.' There is presently no transparent and agreed method for distributing resources between areas based on population need. There is a pressing need for revision, update and application of a rational resource distribution formula to guide where services should be developed with proportionality to estimates of population need."

Is there anything else you would like to share with the Royal Commission?

Insurance of many kinds can be a major problem for people with mental illness. In many cases refusals to ensure or imposition of heavy loadings seem disproportionate to rational actuarial considerations. There should be consideration of regulation that creates better accountability to the evidence-base around risk assessments for insurance purposes.